

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

FILED

02 DEC -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000 90929

1. Entity Name

CLAYTON DISPOSAL FACILITY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3489 Sedona Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

4. FEI Number

59-3675777

Applied For

Not Applicable

Zip

Country

32308

Country

Leam

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

TRAVIS L. CLAYTON

Street Address (P.O. Box Number is Not Acceptable)

3431 Shady Rest Rd

City

HAUANA, FL

FL

Zip Code

32333

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TRAVIS L. CLAYTON 3431 Shady Rest Rd HAUANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BEN L. CLAYTON 3489 Sedona Loop Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP BARBARA R. CLAYTON 3489 Sedona Loop Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DENNIS ROGERS 626 HANSTON LANE HAUANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORI DENISE CLAYTON 568 TEAL LANE Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200009058002 11/19/02--01011--008 **\$61.25
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ben L. Clayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/2 (850) 878-2848

Date

Daytime Phone #

CR2E034B (12/01)